



Mississippi State Department of Health  
Division of Epidemiology  
2002 List of Reportable Diseases and Conditions  
Reporting Hotline  
1 - 800 - 556 - 0003

Monday - Friday, 8:00 a.m. - 5:00 p.m.

To report inside Jackson telephone area or for consultative services

(8:00AM - 5:00PM Monday - Friday):

(601) 576 - 7725

Class I Conditions may be reported nights, weekends and holidays by calling:

(601) 576-7400

**Class 1:** Diseases of major public health importance which shall be reported directly to the State Department of Health by telephone within 24 hours of first knowledge or suspicion. Class 1 diseases and conditions are dictated by requiring an immediate public health response. Laboratory findings for selected diseases are listed in Section III and Appendix C of the Rules and Regulations Governing Reportable Diseases and Conditions.

**Any Suspected Outbreak (including foodborne and waterborne outbreaks)**

<b>Anthrax</b> <b>Botulism</b> (including foodborne, infant or wound) <b>Brucellosis</b> Chancroid Cholera Creutzfeldt-Jakob Disease, including new variant Diphtheria <i>Escherichia coli</i> O157:H7 Encephalitis (human)	<i>Haemophilus Influenae</i> type B Invasive Disease †‡ Hemolytic-uremic syndrome, post-diarrheal Hepatitis A HIV Infection, including AIDS Measles <i>Neisseria meningitidis</i> Invasive Disease †‡ Pertussis <b>Plague</b>	Poliomyelitis Rabies (human or animal) <b>Smallpox</b> Syphilis (including congenital) Tuberculosis <b>Tularemia</b> Typhoid fever Yellow fever  Any unusual disease or manifestation of illness
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(possible biological weapon agents appear in bold italics)

**Class 2:** Diseases or conditions of public health importance of which individual cases shall be reported by mail, telephone or electronically, within 1 week of diagnosis. In outbreaks or other unusual circumstances they shall be reported the same as Class 1. Class 2 diseases and conditions are those for which an immediate public health response is not needed for individual cases.

<i>Chlamydia trachomatis</i> , genital infection Dengue <i>Enterococcus</i> , invasive infection†, vancomycin resistant Gonorrhea Hepatitis (acute, viral only) Note - Hepatitis A requires Class 1 Report Infections following body piercing, excluding ear lobe piercing § Legionellosis Listeriosis	Lyme Borreliosis Malaria Meningitis other than Meningococcal or <i>H. influenzae</i> type b Mumps <i>M. tuberculosis</i> infection (positive TST) in children < 16 years of age Noncholera vibrio disease Poisonings (including elevated blood lead levels) Psittacosis Rocky Mountain Spotted Fever Rubella (including congenital)	Salmonellosis Shigellosis Spinal Cord Injuries <i>Streptococcus pneumoniae</i> , invasive infection, antibiotic resistant ‡ <i>Streptococcus pneumoniae</i> , invasive infection in children <5 years of age ‡ Tetanus Trichinosis Viral Encephalitis in horses and ratites
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† usually presents as meningitis or septicemia, or less commonly as cellulitis, epiglottitis, osteomyelitis, pericarditis or septic arthritis

‡ Specimen obtained from normally sterile site.

§ Reportable from June 1, 2001 to May 31, 2002

Except for rabies and equine encephalitis, diseases occurring in animals are not required to be reported to the Department of Health.

**Class 3:** Laboratory based surveillance. Reported by laboratory only. Diseases or conditions of public health importance of which individual laboratory findings shall be reported by mail, telephone, or electronically within one week of completion of laboratory tests (refer to Section III and Appendix C of the Rules and Regulations Governing Reportable Diseases and Conditions).

Blastomycosis Campylobacteriosis Cryptosporidiosis	Hansen's Disease (Leprosy) Histoplasmosis	Nontuberculous Mycobacterial Disease
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**Class 4** Diseases of public health importance for which immediate reporting is not necessary for surveillance or control efforts. Diseases and conditions in this category shall be reported on a quarterly basis.

All carcinomas, sarcomas, leukemias, and lymphomas are to be reported according to the following ICD-9-CM codes: 140.0 - 208.9, malignant neoplasms, and 230.0 - 234.9, carcinoma in-situ. Basal or squamous cell carcinomas originating in the lip, anus, vulva, vagina, penis or scrotum must be reported.

Carcinoma in-situ of the cervix, 233.1, and basal and squamous cell carcinomas of the skin, 173.0 - 173.9 are excluded from reporting.

Each record shall provide a minimum set of data items which meets the uniform standards recommended for the National Program of Cancer Registries by the North American Association of Central Cancer Registries (NAACCR).

# Laboratory Results That Must be Reported to the Mississippi State Department of Health

Laboratories shall report these findings to the Mississippi State Department of Health at least **WEEKLY**. Diseases in bold type shall be reported immediately by telephone. Isolates of organisms marked with a dagger (†) should be sent to the Mississippi State Department of Health Public Health Laboratory. All referring laboratories should call the Public Health Laboratory at (601) 576-7582 prior to shipping any isolate.

## Positive Bacterial Cultures or Direct Examinations

Result	Reportable Disease
any bacterial agent in CSF	bacterial meningitis
<i>Bacillus anthracis</i> †	<b>anthrax</b>
<i>Bordetella pertussis</i>	<b>pertussis</b>
<i>Borrelia burgdorferi</i> †	Lyme disease
<i>Brucella</i> species	<b>brucellosis</b>
<i>Campylobacter</i> species	campylobacteriosis
<i>Chlamydia trachomatis</i>	<i>Chlamydia trachomatis</i> genital infection
<i>Clostridium botulinum</i> †	<b>botulism</b>
<i>Clostridium tetani</i>	tetanus
<i>Corynebacterium diphtheriae</i> †	<b>diphtheria</b>
<i>Enterococcus</i> species*	entrococcus infection, invasive vancomycin resistant
<i>Escherichia coli</i> O157:H7 †	<b><i>E coli</i> O157:H7 infection</b>
<i>Haemophilus ducreyi</i>	<b>chancroid</b>
<i>Haemophilus influenza</i> type b † *	<b><i>H. influenzae</i> infection, invasive</b>
(not from throat, sputum)	
<i>Legionella</i> species	legionellosis
<i>Listeria monosytogenes</i>	listeriosis
<i>Mycobacterium</i> species	nontuberculous mycobacterial disease
<i>Mycobacterium tuberculosis</i> †	<b>tuberculosis</b>
<i>Neisseria gonorrhea</i>	gonorrhea
<i>Neisseria meningitidis</i> † *	<b>meningococcal infection, invasive</b>
(not from throat, sputum)	
<i>Rickettsia rickettsii</i>	Rocky Mountain spotted fever
<i>Salmonella typhi</i> †	<b>typhoid fever</b>
<i>Salmonella</i> species, (Other than <i>S. typhi</i> )	salmonellosis
<i>Francisella tularensis</i>	<b>tularemia</b>
<i>Shigella</i> species	shigellosis
<i>Streptococcus pneumoniae</i> *	pneumococcal infection, invasive in children < 5 <u>or</u> antibiotic resistant
<i>Vibrio cholerae</i> 01 †	<b>cholera</b>
<i>Vibrio</i> species † (other than <i>V. cholerae</i> )	<i>Vibrio</i> infection
<i>Yersinia pestis</i> †	<b>plague</b>

## Positive Parasitic Cultures or Direct Examinations

Result	Reportable Disease Condition
any parasite in CSF †	parasitic meningitis
<i>Cryptosporidium parvum</i>	cryptosporidiosis
<i>Plasmodium</i> species†	malaria

## Positive Fungal Cultures or Direct Examinations

Result	Reportable Disease Condition
any fungus in CSF	fungal meningitis
<i>Blastomyces dermatitidis</i>	blastomycosis
<i>Histoplasma capsulatum</i>	histoplasmosis

## Positive Viral Cultures or Direct Examinations

Result	Reportable Disease Condition
any virus in CSF	viral meningitis
Arboviral agents including but not limited to:	
California encephalitis virus	<b>California encephalitis</b>
Eastern equine encephalomyelitis virus	<b>Eastern equine encephalitis</b>
La Cross encephalitis virus	<b>La Cross encephalitis virus</b>
St. Louis encephalitis virus	<b>St. Louis encephalitis</b>
Western equine encephalomyelitis virus	<b>Western equine encephalitis</b>
West Nile encephalitis virus	<b>West Nile encephalitis</b>
variola virus	<b>smallpox</b>
dengue virus, serotype 1, 2, 3, or 4	dengue
poliovirus, type 1, 2, or 3	<b>poliomyelitis</b>
yellow fever virus	<b>yellow fever</b>

Positive Serologic Tests For:
Abroviral agents including but not limited to:
<b>California encephalitis</b>
<b>Eastern equine encephalitis</b>
<b>La Cross Encephalitis</b>
<b>St. Louis encephalitis</b>
<b>Western equine encephalitis</b>
<b>West Nile encephalitis</b>
brucellosis
<b>cholera</b>
<i>Chlamydia trachomatis</i> genital infection
dengue
<b>hepatitis A</b> (anti-HAV IgM)
hepatitis B (anti-HBc IgM)
<b>HIV infection</b> (refer to Section XIV)
legionellosis ‡
Lyme disease
malaria
<b>measles</b>
mumps
<b>plague</b>
<b>poliomyelitis</b>
psittacosis
Rocky Mountain spotted fever
rubella
<b>syphilis</b> (refer to Section XVII)
<b>smallpox</b>
<b>trichinosis</b>
<b>yellow fever</b>

Positive Blood Chemistries
blood lead levels (venous) of ≥ 10 ug/dl in children less than 16 years of age
blood lead levels (venous) of ≥ 25 ug/dl in those than 16 years of age or older

Surgical Pathology Results
Hansen's disease
<b>human rabies</b>
<b>Creutzfeldt-Jakob Disease</b> , including new variant
Malignant Neoplasms
Mycobacterial Disease
including <b>tuberculosis</b>
trichinosis

† Isolates of organism should be sent to the Mississippi State Department of Health Public Health Laboratory. All referring laboratories should call the Public Health Laboratory at (601) 576-7582 prior to shipping any isolate.

\* specimen obtained from a normally sterile site (usually blood or cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid)

‡ Serologic confirmation of an acute case of legionellosis can not be based on a single titer. There must be a four-fold rise in titer to ≥1:128 between acute and convalescent specimens.

§ Contact the Mississippi State Department of Health, Division of Epidemiology (601) 576-7725 or the Public Health Laboratory (601) 576-7582 for appropriate tests when considering a diagnosis of botulism.